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Fax Memo

TO: Mail Stop Amendment
USPTO

FAX NO.: (571) 273-8300

FROM: Terry W. Kramer
KRAMER & AMADO, P.C.

DATE: December 4, 2006

SUBJECT: U.S. Patent Application
Title: AFFECTIVE TELEVISION MONITORING AND
CONTROL IN RESPONSE TO PHYSIOLOGICAL DATA
Serial No.: 10/014,179
Attorney Docket No.: US 010588

PAGES: INCLUDING COVER PAGE (23)

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Message: Submitted herewith are the following:

- Transmittal (1 page)
- Fee Transmittal with duplicate (2 pages)
- Credit Card Form with duplicate (2 pages)
- Petition for Extension of Time with duplicate (2 pages)
- Amendment Under 37 C.F.R. §1.111 (15 pages)

In the event that the fees submitted herewith are insufficient, please charge any remaining balance, or credit any overpayment, to our Deposit Account Number 50-0578.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|---------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/014,179 | |
| | Filing Date | November 13, 2001 | |
| | First Named Inventor | Nevenka Dimitrova, et al. | |
| | Art Unit | 2623 | |
| | Examiner Name | Christopher M. Lambrecht | |
| Total Number of Pages In This Submission | 22 | Attorney Docket Number | US 010588 |

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| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Kramer & Amado, P.C. | | |
| Signature | <i>Terry W. Kramer</i> | | |
| Printed name | Terry W. Kramer | | |
| Date | December 4, 2006 | Reg. No. | 41,541 |

CERTIFICATE OF TRANSMISSION/MAILING

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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Maira Anderson | Date | |

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete if Known

| | |
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| Application Number | 10/014,179 |
| Filing Date | November 13, 2001 |
| First Named Inventor | Nevenka Dimitrova, et al. |
| Examiner Name | Christopher M. Lambrecht |
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| Attorney Docket No. | US 010588 |

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Total Claims Extra Claims Fee (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time for two months

Fees Paid (\$)
\$450.00**SUBMITTED BY**

| | | | |
|-------------------|------------------------|--|--------------------------|
| Signature | <i>Terry W. Kramer</i> | Registration No. (Attorney/Agent) 41,541 | Telephone (703) 519-9801 |
| Name (Print/Type) | Terry W. Kramer | Date | December 4, 2006 |

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PTO/SB/17 (01-08)

Approved for use through 07/31/2008. OMB 0651-0032

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Indep. Claims Extra Claims Fee (\$)

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Multiple Dependent Claims
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

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Fees Paid (\$)

4. OTHER FEE(S)

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\$450.00

SUBMITTED BY

| | | | |
|-------------------|------------------------|--|--------------------------|
| Signature | <u>Terry W. Kramer</u> | Registration No. (Attorney/Agent) 41,541 | Telephone (703) 519-9801 |
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